

Acknowledge of Receipt of IHS Notice of Privacy Practices

I hereby acknowledge receipt of the Indian Health Service (IHS) Notice of Privacy Practices at:

Stamped name and address of facility

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Signature of Patient

Date

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Signature of Patient Representative

Date

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Or Witness (if signature is by thumb print or mark)

Date

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Signature and Title of IHS Employee

Date

For Patients Unable to Acknowledge Receipt

I hereby certify that the patient was unable to acknowledge receipt of the IHS Notice of Practices because:

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Signature of IHS Staff

Date